

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF MISSOURI

Lacy Wheeler
Plaintiff

vs.

StoneCo Mo DSS
Defendant Mercy Hospital
Administration

Case No. 17-3211-CV-S-MDH

AFFIDAVIT OF FINANCIAL STATUS

I, Lacy Wheeler, declare that I am the plaintiff in this case, that because of my poverty I am unable to pay the costs of these proceedings, and that I believe I am entitled to relief.

I further swear that the responses which I have made to the questions below and the information I have given relating to my ability to pay the costs of commencing and prosecuting this action are true.

I. MARITAL STATUS AND PERSONAL DATA

A. Single: ☒ Married: ☐ Separated: ☐ Divorced: ☐

B. Name of Spouse: _____

C. Age of plaintiff, petitioner or complainant: 32

D. Age of spouse: _____

E. Address of plaintiff, petitioner or complainant: 201 Brown

St. Charles mo 65631

Telephone: 417-340-4993

F. Address of spouse: _____

Telephone: _____

- G. State name or names of dependents who live with you, their age, address, relationship, and how much of their monthly support you provide:

0 self

II. EMPLOYMENT

- A. Name of employer: N/A
Address of employer: N/A
Employer's telephone: N/A Length of employment: N/A
Job title or description: N/A
Net Income: Monthly \$ N/A Weekly \$ _____
Gross Income: Monthly \$ _____ Weekly \$ _____
Does employer provide health insurance: Yes _____ No _____
If employer provides health insurance, describe coverage: _____
N/A

- B. Previous employment (Answer only if presently unemployed)

Name of employer: ~~Redfish~~ Lodge of the Falls
Address of employer: N/A
Employer's telephone: N/A Length of employment: 1 month
Job title or description: Housekeeper / Laundry / Night
Net Income: Monthly \$ 400.00 Weekly \$ 100.00
Gross Income: Monthly \$ 400.00 Weekly \$ 100.00

C. Employment of spouse:

Name of employer: N/A

Address of employer: _____

Employer's telephone: _____ Length of employment: _____

Job title or description: _____

Net Income: Monthly \$ _____ Weekly \$ _____

Gross Income: Monthly \$ _____ Weekly \$ _____

III. FINANCIAL STATUS

(Answer questions on behalf of both the plaintiff, petitioner or complainant and spouse).

A. Owner of real property? Yes _____ No ☒

If yes - Description: _____

Address: _____

In whose name? _____

Estimated value: _____

Total amount owed: _____

Owed to: _____

Annual income from property: _____

B. Owner of automobile: Yes _____ No ☒

If yes - Number of automobiles owned: _____

Make _____ Model _____ Year _____

Make _____ Model _____ Year _____

In whose name registered? _____

Present value: _____

Amount owed on the automobile(s): _____

Owed to: _____

Monthly payment(s): _____

- C. Cash on hand: (Include checking and savings accounts)

\$ 0 _____

List names and addresses of banks and associations:

Please do not state account numbers.

- D. Have you received within the past 12 months any money from any of the following sources:

	Yes	No
Rent payments, interest or dividends?	_____	<u>✓</u>
Pensions, trust funds, annuities or life Insurance payments?	_____	<u>✓</u>
Gifts or inheritances?	_____	<u>✓</u>
Welfare Payments?	_____	<u>✓</u>
ADC or other governmental child support?	_____	<u>✓</u>
Unemployment benefits?	_____	<u>✓</u>
Social Security Benefits	_____	<u>✓</u>
Other sources?	_____	<u>✓</u>

- E. If the answer to any item in D above was "Yes", describe each source of money and state the amount received from each during the past 12 months:

IV.

OBLIGATIONS

- A. Monthly rental on house or apartment: 0
- B. Monthly mortgage payments on house: 0
 Amount of equity in house: 0
- C. Monthly mortgage payments on other properties: \$ 0
 Amount of equity in other properties: \$ 0
- D. Household expenses: 0
 Monthly grocery expense: 0
 Monthly utilities:
 Gas: 0
 Electric: 0
 Water: 0
 Other: (Specify) 0
- E. Other debts and miscellaneous monthly expenses:

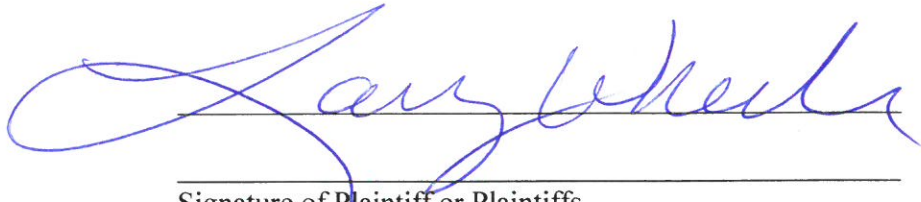
TO WHOM OWED AND FOR WHAT REASON INCURRED?	MONTHLY PAYMENTS	BALANCE DUE
Kent / room mate	100	150.00

V.

OTHER INFORMATION PERTINENT TO FINANCIAL STATUS

(Include information regarding stocks, bonds, savings bonds, either individually or jointly owned).

I understand that a false statement or answer to any question in this affidavit will subject me to penalties of perjury.



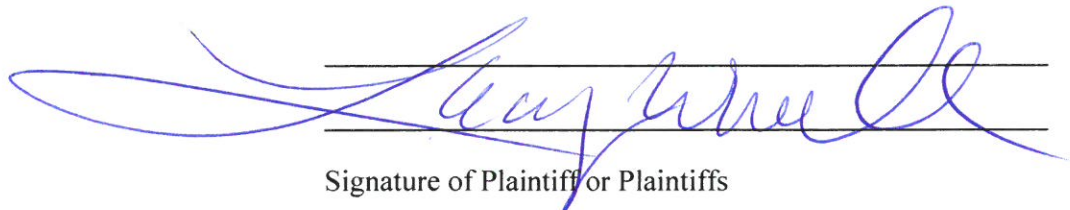
Signature of Plaintiff or Plaintiffs

VERIFICATION

State of _____)

County of _____)

I, being first duly sworn under oath, state that I know the contents of this affidavit and that the information contained in the affidavit is true to the best of my knowledge and belief.



Signature of Plaintiff or Plaintiffs

All parties must verify

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20 ____

Notary Public

My Commission Expires